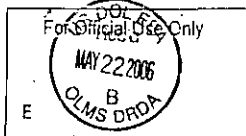


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5196	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name MICHAEL M DUBIN P.O. Box, Bldg., Room No., if any Street 90 HAMPSHIRE ROAD City ROCKVILLE CENTRE State New York ZIP Code + 4 11570	4. Name, file number, and address of labor organization. Name UNITED FEDERATION OF TEACHERS Labor Organization File Number 063-924 P.O. Box, Building and Room Number, if any Street 52 BROADWAY City NEW YORK State New York ZIP Code + 4 10004
5. Position in labor organization. CFO	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 05/12/2006 Date	516-536-3271 Telephone Number

Name of Person Filing MICHAEL DUBIN	File Number U-
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B. Did an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>AMALGAMATED BANK</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>15 Union Square</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10003</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>UNITED FEDERATION OF TEACHERS WELFARE FUND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>52 BROADWAY</u> City <u>NEW YORK</u> State <u>New York</u> ZIP Code + 4 <u>10004</u>	11.a. Nature of such dealing. <u>Provides banking, trust and custodial services to the union and related funds.</u> 11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Tickets to various sporting events</td> <td style="width: 20%; text-align: right;">\$1,376</td> </tr> <tr> <td>Lunch my portion</td> <td style="text-align: right;">42</td> </tr> <tr> <td>Holiday gift</td> <td style="text-align: right;">86</td> </tr> </table>	Tickets to various sporting events	\$1,376	Lunch my portion	42	Holiday gift	86
Tickets to various sporting events	\$1,376						
Lunch my portion	42						
Holiday gift	86						
12.b. Amount. \$1,504							

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer _____ or Consultant _____ ?	14.b. Amount of payment. _____